

## **Congressman Tom Graves**

				<u>US</u>	CIS Priv	acy Re	leas	se Fo	<u>rm</u>						
Petitioner	r/Applic	ant:													
Name:			Date of Birth:								_				
Alien number (if any):				Country of Birth:											
Beneficia	ry:														
Name:				Date of Birth:											
Alien number (if any):				Country of Birth:											
Petitioner	r Addres	ss:													
City:													:		
Home#:_						Cell #:									
Email: _															
Would yo	ou like to	receive	Congress	sman Gi	aves Nev	wsletter?	?		Yes						
USCIS re	eceipt nu	mber or	tracking	g numbe	r:										
Form typ	e(s) - Ci	rcle all t	hat apply	•											
G-639	I-90	I-129	I-130	I-131	I-140	I-2	212	I-29	0B I-3	860					
I-485	I-526	I-539	I-589	I-590	I-600A	I-600	) I	-601	I-612	I-	590				
I-730	I-751	I-765	I-821	I-824	I-829	I-914 (	Supp	pleme	nt A, B,	or C	<b>S</b> )				
I-918	I-924	I-929	N-400	N-600	N-565	N-644	O	ther: _							
Pl	ease pro	vide a bri	ef descrip	tion of t	ne issue b	below. If	g you	need a	addition	al sp	ace, at	tach a	separate	sheet.	
Statemen	t:														
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please sign  Beneficia	the form	* nature:	ŕ			•					I	Oate: _			
Petition	Petitioner Signature:							Date						2:	

 $Return\ to:\ 702\ S.\ Thornton\ Avenue,\ Dalton,\ GA\ 30720,\ (706)\ 226-5320\ \ FAX\ (706)\ 278-0840$ 

600 E. First Street, Suite 301, Rome, GA 30161, (706) 290-1776 FAX (706) 232-7864